

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | IN NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         | MW                 |        | 04-19-01 |
| O.I.P.E. CLASSIFIER       |                    | 10     | 5-10-01  |
| FORMALITY REVIEW          | <i>[Signature]</i> | 10830  | 06/08/01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 1030   | 10-5-01  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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MS  
10/08/01  
6/7  
10-5-01